

ORDER

Orders
Order / Rev: 499731
Alt Order #:
Product Desc: Nov 2012
Estimate:
Flight Dates: 11/01/12 - 11/05/12
Original Date / Rev: 10/22/12 / 10/22/12
Order Type: GENERAL

CBS5

Primary AE: House KPHO Local House KPHO Local
Sales Office: KPHO
Sales Region: Local

Agency
Name: Larry John Wright
Buying Contact: Lynne Sherrer
Billing Contact: JR Wright
 231 North Alma School Rd
 Mesa, AZ 85201

Billing Type: Cash
Billing Calendar: Calendar
Billing Cycle: EOM/EOC
Agency Commission: 15%

Advertiser
Name: Yes On 119
Demographic: A35+
Product Codes: Political-Issues
Priority: IMP
Revenue Codes: POL, PLI, POL LPL

New Business Thru:
Order Separation: 00:10:00
Advertiser External ID:
Agency External ID:

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
11/01/12	11/05/12	3	\$1,050.00	\$892.50

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
November 2012	3	\$1,050.00	\$892.50	0.00
Totals	3	\$1,050.00	\$892.50	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
House KPHO Local House KPHO			Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
N 1	KPHO	11/01/12	11/02/12	M-F 630-7a M-F 630-7a	CM	M-F 630-7a	---TF--	:30	2	\$350.00	IMP	0.00	NM	2	\$700.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>			<u>Spots/Week</u>			<u>Rate</u>		<u>Rating</u>			
		Week: 10/29/12	11/04/12	---TF--			2			\$350.00		0.00			
N 2	KPHO	11/05/12	11/05/12	M-F 630-7a M-F 630-7a	CM	M-F 630-7a	M-----	:30	1	\$350.00	IMP	0.00	NM	1	\$350.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>			<u>Spots/Week</u>			<u>Rate</u>		<u>Rating</u>			
		Week: 11/05/12	11/11/12	M-----			1			\$350.00		0.00			

*Tax 1 Note: Tax 0.5%

Totals 3 \$1,050.00

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location: KPHO CH5 - Phoenix	Date: 10/22/12
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I, Jackson Wright
do hereby request station time concerning the following issue:

Prop 119

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:

This broadcast time will be used by: _____

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"

☐ Yes
 ☒ No

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

Yes on Prop 119

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ a corporation; ☒ a committee; ☐ an association; ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least 1 day before the time of the scheduled broadcasts.

TO BE SIGNED BY ISSUE ADVERTISER

10/22/12
Date


Signature

480 833 8111
Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

☐ Accepted ☐ Accepted in Part ☐ Rejected

Signature Printed Name Title

AGREED UPON SCHEDULE

For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.